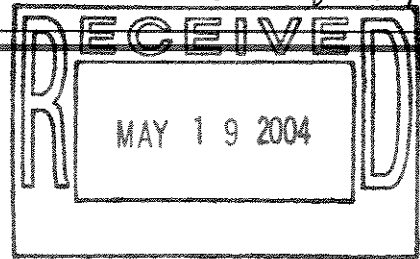


ACTON COMMISSION ON DISABILITY

Town Hall
Acton, MA 01720

BOS 7/12/04 (2)
Christine Please send a copy
To Peter + Board ASAP. Also please
determine if we are to add this
item to the agenda for 5/24



May 17, 2004

Acton Board of Selectmen
Walter Foster, Chairman
Town of Acton

Dear Chairman Foster,

I am writing on behalf of the Commission on Disability requesting that representatives of the Commission attend your next meeting on May 24th in order to raise an issue of concern.

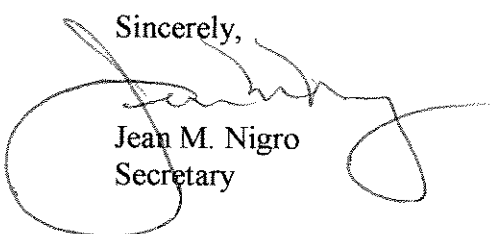
The Commission has been investigating the possibility of obtaining "The Ride" in Acton. Lisa Franklin, Commission Co-Chair has been advised by the Acton Transportation Committee that an application to the MBTA from the town's Board of Selectmen is the first step in the process.

Commission representatives would like to make a formal request in this regard at your May 24th meeting. The Commission is basing the request on the following:

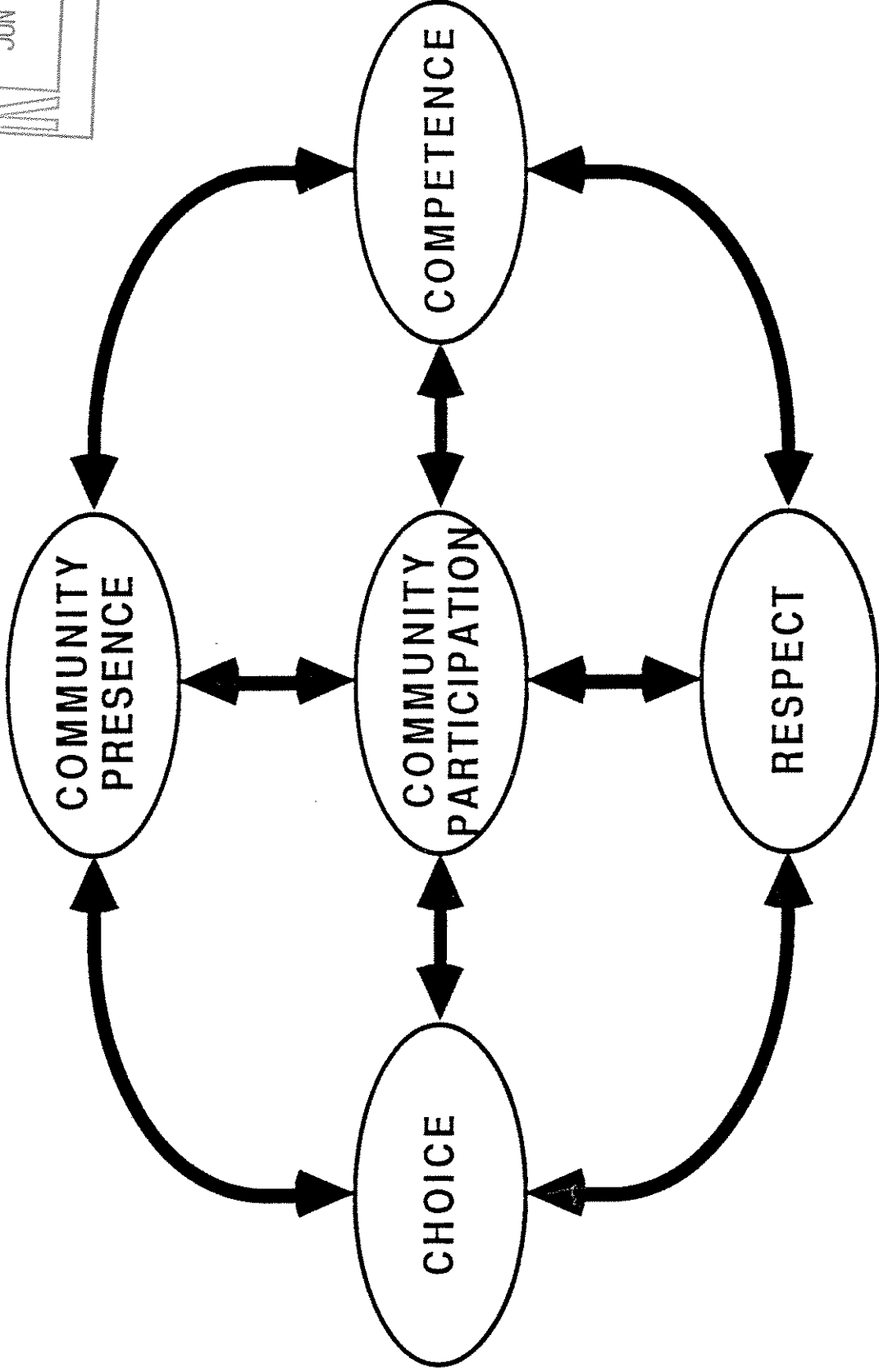
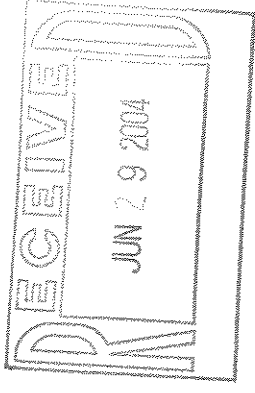
- Currently the LRTA provides service to individuals with disabilities living in Acton, but the transportation area is limited to Acton, Concord and Maynard.
- The Council on Aging van is available to individuals with disabilities, but service ends at 4PM in Acton and 2PM outside of Acton.
- There is currently no method available for individuals with disabilities to access Lowell or Boston during regular business hours, therefore significantly curtailing the ability travel for purposes of employment or recreation.

Please feel free to contact Commission members at COD@town.acton.ma.us. Thank you for your consideration of this request.

Sincerely,


Jean M. Nigro
Secretary

Wanwan



VALUED OUTCOMES



Massachusetts Office on Disability

One Ashburton Place, Room 1305
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Jane Swift, Governor

Lorraine Greiff, Director

[617] 727-7440 V/TTY

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DEMOGRAPHIC INFORMATION ON PEOPLE WITH DISABILITIES

February 2002

WHO ARE PEOPLE WITH DISABILITIES?

They are 19% of the population and include all ages, based on the 1990 census statistics (2000 census data will be available by December 2002). Applied to Massachusetts, this means that there are approximately 1,150,000 individuals with disabilities. More than 390,000 are between 65 and 74 years old, and approximately 274,000 are over 75 years old. Six percent of people with disabilities in Massachusetts (70,000) are under 15 years of age and fifty-nine percent are working age; in that group 52% are men and 48% are women. More women than men have a disability in the 65+ age group and the ratio increases with age. Among children less than 15 years old, more boys (7.2%) than girls (4.4%) have a disability.

The fastest population growth rate is in the 85+ age group. In Massachusetts in 1998, a total of 112,848 people, or 1.8% of the population, was over 85 years of age; about 50% have substantial disabilities. It is projected that between 2000 and 2010, 21.1% of the population will be over 85.

Approximately 12% of individuals with disabilities are of minority status. African Americans represent 5%, 4.8% are Hispanic, 2 % are Asian American, .02 % are American Indian, Eskimo, or Aleut. About 2 % fall into the "other" category. The incidence of disability is higher among African Americans (21%) in the 15 to 64 year range than it is for Whites (18%), but the ratio reverses after 65 (Whites 13% and African Americans 9%).

Eighteen percent of people with disabilities are functionally limited which means they have trouble climbing stairs, walking three city blocks or lifting a full bag of groceries; five percent have difficulty reading ordinary newsprint and 6% have difficulty hearing what is said in an ordinary conversation. Eight percent have difficulty getting out of bed, dressing, eating or taking a shower while 12% of people with disabilities have difficulty preparing meals or doing light housework.

Conditions that cause disability and prevent individuals from working are arthritis and rheumatism (17%), back or spine injury (14%), heart, including arteriosclerosis (11%), high blood pressure (5%), respiratory issues (7%), psychological disabilities (2%), and mental retardation (1.2%).

SOCIO-ECONOMICS

At the end of December 2000, a monthly average of 123,885 disabled Massachusetts workers, 2,713 spouses, and 37,258 children of those workers, received Social Security Disability Insurance (SSDI); the benefits totaled \$105,410 million (federal dollars) for that month. Workers with disabilities in the Commonwealth received an average monthly benefit of \$779; their spouses \$436 and children \$225. The program is funded through payroll taxes (FICA) consisting of equal contributions from employer and employee. Eligibility is based on one's work history during which s/he contributed to the Social Security program through FICA, and having a disabling condition that precludes a person from working for a year or more. Spouses and children of individuals who receive benefits are, in some cases, also eligible.¹

That same month 121,825 blind and disabled individuals in Massachusetts and 45,959 individuals aged 65 or older received a total of \$70.7 million (federal dollars) from the Supplemental Security Income (SSI) Program that is funded by a combination of state and federal dollars.² Eligibility for this program is based on financial need and one's living situation - i.e. whether one lives alone or shares housing. In most cases, the person who lives alone would receive a higher monthly benefit.³

The income gap between adults with disabilities and adults without disabilities has increased since 1986. In 2000, the gap between people with disabilities and people without disabilities with household incomes of \$15,000 or less was 19%. Currently, 29% of people with disabilities live in households with total incomes less than \$15,000, versus 10% of individuals without disabilities.⁴

EMPLOYMENT

A 2000 survey conducted by Louis Harris for the National Organization on Disability revealed that 68% of working age (i.e. 18 - 64) individuals with disabilities are unemployed. The survey also determined that the vast majority of these people want to work. This number has not improved since 1986. In contrast, the unemployment rate for people who do not have a disability is approximately 20%.⁵ Furthermore, only 20% of disabled individuals who are working have full time jobs. Among people with disabilities who are employed, 16% are in professional or managerial positions, or proprietorships, 14% are service workers, 13% are in sales or hold clerical positions, 12% are unskilled laborers or farmers, and 7% are skilled craftspeople.⁶ Within the group of people who have a severe disability, there is little difference in the number of men vs. women who have jobs. There is a significant correlation between the number of functional limitations, their severity and employment. These statistics indicate a number of job-

1 Social Security Administration, Office of Research, Evaluation and Statistics, December 2000. On web site: (www.ssa.gov/policy) see OASDI tables 1 - 5.

2 \$56.0 million was federal SSI and \$14.6 million, state supplement. See "STATE STATISTICS", Massachusetts, Social Security Administration - Office of Research, Evaluation, and Statistics, December 2000.

3 Ibid.

4 N.O.D. website: (www.nod.org), "Employment Rates of People with Disabilities", July 24, 2001. Excerpted from N.O.D./Harris 2000 Survey of Americans with Disabilities.

5 Ibid.

6 "N. O. D. Survey of Americans with disabilities, Employment-Related Highlights", by Humphrey Taylor, president and CEO, Louis Harris and Associates, Inc. In "Business Week", May 30, 1994.

related barriers for people with disabilities. Job-related barriers include lack of education or skills training, need for transportation to the work place, inaccessible work sites, and the need for help with self-care at home and work.

EDUCATION

Since 1972, children with disabilities in Massachusetts have been entitled to a free and appropriate education under Chapter 766, a comprehensive special education law. A 1998 Harris poll indicates the number of adults with disabilities who have a high school diploma has risen since 1986 from 60% to 80% and the number of those with some college education has risen from 29% to 44%.⁷

In Massachusetts, 159,042 (16.6%) of the total public school enrollment, received special education services in Fiscal Year 1998 (1997 – 8 school year).⁸ Approximately 100,000 of the total number of students in special education are in inclusive classrooms (they spend no more than 25% of their education time out of the classroom in order to receive special education services). Of this population, 1% receive special education services in residential, home or hospital school programs.

Chapter 688, enacted in 1983, provides a two-year transitional process for severely disabled young adults who continue to need supports when they either graduate from high school or reach their 22nd birthday and special education services end. In Massachusetts, approximately 1,026 new students were referred to this program by their local school district in Fiscal Year 1998. In FY'99, 5,595 students participated in transitional programs.⁹

HOUSING

People with disabilities continue to be the poorest people in the nation and, therefore, have little or no buying power when it comes to owning their own home.¹⁰ As a result, most individuals constantly face a housing crisis in the rental market where they also have little power. Nationally, 3.5 million individuals with disabilities (in Massachusetts approximately 170,000) receive Supplemental Security Income (SSI) which, in 2000, equaled an approximate monthly income of \$500 - \$600 (variations are contingent on living situations and whether there is a state supplement). In Massachusetts, those monthly benefits in federal dollars, translate into an hourly wage of \$3.61.

This means that in 2000, on a national average, people with disabilities who received federal SSI benefits had to spend 98% of their benefits to rent a modest one-bedroom unit at Fair Market Rent.¹¹ In the Boston area 125% of SSI benefits were required for rent. The situation is worsened by several facts: since 1988 the need for affordable, accessible housing has increased for people with disabilities, while, ironically, the supply has decreased; and, the annual SSI cost of living adjustment (COLA) does not

7 "Protection & Advocacy Systems News", National Association of Protection & Advocacy Systems, Vol 1 Issue 2, August 1996.

8 Numbers pertaining to special education students are based on students 3 – 21 years of age versus numbers pertaining to students in regular education in public schools which are based on students aged 5 – 18.

9 "Chapter 688 "Turning 22" Program, A Report to the Legislature", Executive Office of Health & Human Services, William D. O'Leary, Secretary, October 30, 1997, Figure 2, pg. 6.

10 "Priced Out in 2000: The Crisis Continues", Ann O'Hara and Emily Miller, Housing Center for People with Disabilities, June 2001, p. 4.

11 FMR is published by the U.S. Department of Housing and Urban Development (HUD)

"Illness and Deformity instead of being thought of as variants, have been portrayed as deviatons." Nancy Mairs

Imagine that you have just received your MBA. While your classmates are excitedly applying to companies based on salary, benefits, and location, your use of a wheelchair means that you have to consider companies that are likely to hire you (discrimination is illegal but hard to prove or eliminate). Further, there is a five to seven year waiting list for accessible housing and in order to buy property to adapt yourself, you need to be sure that you can get to work. Which do you do first? How do you know you can afford a location until you know what kind of job you can get? How can you apply for a job if you don't know that you'll even be able to get to the interview? And where does this leave the flexibility to factor in a good school system for your children?

This scenario is only hypothetical in that, unfortunately, other barriers have made it uncommon (but not impossible) for a person with a disability to have an MBA and the income to buy property. More often, this employment-housing-transportation dilemma is exacerbated by the option only to search through the extremely narrow private rental market.

This situation is the result of another Catch-22. We don't see many people with disabilities out in the community, so we are unaware or unwilling to support the environmental and program adaptations needed to enable their being out in their proper place among the rest of society.

In Acton, we also see the effects of support systems on others with physical limitations.

These days, Seniors (soon to be us) remain much more active and vibrant than the stereotypes and grandparents we grew up with. They not only need to get to quality medical care beyond this immediate area, they want to visit relatives, participate in activities, take care of their own needs, and even work meaningfully.

We have children in town with various types of limitations that will prevent them from ever driving. This is a big social issue with psychological ramifications and not only in peer status. It impedes the development of independence and responsibility. At the age where peers are learning to drive, and make their own decisions and mistakes to grow from, Our adolescents with disabilities need to be stretching their wings to discover the limits and strengths that make up their personalities and physical conditions. To become strong, self-assured adults with disabilities and contributing members of the community, they must "train" by experiencing the barriers and support systems they will use the rest of their adult lives. This growth would be impeded and have a negative effect on confidence and self-esteem if all activities had rely on Mom driving you everywhere.

Acton also benefits from the greater inclusion and participation of persons with disabilities. Think of all the talent, knowledge and volunteer power that we are now missing out on, and the many improvements that input could precipitate. As we have seen with programs aimed at troubled teens, shifting the American cultural value from "rugged